L2000050892

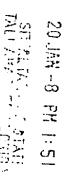
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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01/08/20--01012--002 **125.00



State of Florida

Request for Filling new LLC

Michael Szalach KB Partner Group LLC 9355 113th St #8402 Seminole Fl 33775 586-482-2015

Registered agent Pam Szalach 5001 112th St N St Petersburg FI 33708 586-268-5801

COVER LETTER

•

TO:	New Filing Sect Division of Cor				•			
SUBJE	KB Partner	-						
SUBJE	:CT:		nited Liabili	ty Company				
The end	closed Articles of	Organization and fee(s) ar	e submitted	for filing.				
Please	return all correspo	ndence concerning this m	atter to the f	ollowing:				
	Michael Szal	ach						
			Name of	Person				
	KB Partner (Group LLC						
	Firm/Company							
	9355 113Th	9355 113Th St #8402						
			Addre	ess				
	Seminole Fl.	33775	·					
			City/State and	d Zip Code				
	kbpgroup@gn							
	E	E-mail address: (to be used	l for future a	nnual report notificati	on)			
For furth	er information co	ncerning this matter, pleas	e call:					
Michael Szalach		ach 5	86	482-2015				
	Nam		rea Code	Daytime Telephone	e Number			
Enclose	ed is a check for th	ne following amount:						
≡ \$12:	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailin	g Address		Street Address				
		iling Section		New Filing Section				
		on of Corporations		Division of Corporati	ons			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle						

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability	Company is:					
KB Partner Group LL	C		<u> </u>			
(Must conat	in the words "Limited I	Liability Compa	ny, "L.L.C.," or "LLC.")	Į.		
ARTICLE [[- Address:						
The mailing address and street ad-	dress of the principal o	ffice of the Lim	ited Liability Company is	s:		
_						
<u>Principa</u>	l Office Address:		<u>Mailing A</u>	<u>iddress</u> :		
9355 113Th St #8402	9355 113Th St #8402			3Th St #8402		
Seminole Fl 33775			Seminole Fl 33775			
			<u> </u>	<u> </u>		
ARTICLE III - Registered Agei	nt. Registered Office.	& Registered A	Agent's Signature:			
(The Limited Liability Company	annot serve as its own	Registered Age	nt. You must designate a	n individual or		
another business entity with an ac						
•	_					
The name and the Florida street a	ddress of the registered	l agent are:				
	Pamela Szalach					
		Name		_		
	5001 1134 C. N					
	5001 112th St N Florida street address (P.O. Box NOT acceptable)					
	Florida street address (P.O. Box HOT acceptable)					
St Petersburg Fl 33708				<u>-</u>		
	City	State	Zip			
Having been named as registered a	and and to accent sens	ica of process fo	r the above stated limited	liability company at the		
naving been named as registered a place designated in this certificate, i	zem and to accept servi I hereby accept the app	ointment as regi	stered agent and agree to	act in this capacity. I		
further agree to comply with the pro	ovisions of all statutes re	elating to the pro	oper and complete perfort	mance of my duties, and I		
ım familiar with and accept the obl	igations of my position	as registered ag	ent as provided for in Cha	apter 605, F.S		
	Tamela Daplach					
	Regist	ered Agent's Si	gnature (REQUIRED)			
	Pamela!	Salach	<u>)</u>			
	Regist	ered Agent's Si	gnature (KEQUIKED)			

(CONTINUED)

ARTICLE IV-

• , • • ,

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Michael Szalach
	9355 113Th St Seminole Fl 33775
	Seminore Pt 55775
	
(Use attachment if necessary)	
RTICLE V: Effective date if other than	the date of filing: January 5th 2020 (OPTIONAL)
an effective date is listed, the date mu	ist be specific and cannot be more than five business days prior to or 90 days after
e date of filing.)	
	oes not meet the applicable statutory filing requirements, this date will not be listed a
e document's effective date on the Dep	artment of State's records.
TICLE VI: Other provisions, if any.	
mberAdvanta Trust Services LLC	
191 Starkev Rd Suite 2, Largo, FL 337	73
7) 581-9853	
REQUIRED SIGNATURE:	
MANAGE STORMER	71 0 B S/
	May " / C
	of a member or an authorized representative of a member.
	is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State
	rd degree felony as provided for in s.817.155, F.S.
	
<u>Michael</u>	Szalach Typed or printed name of signee
	1 yped or printed name of signee
	Ciling Face:

as

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)